FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000041845 (5)

HEALTHTEC, INCORPORATED

Principal Place of Business Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



413 BRENTWOOD ROAD DELAND FL 32724			413 BRENTWOOD ROAD DELAND FL 32724					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1995							
	Place of Business	2a, Mailing Address					4.		El Number			Applied For			
21		26					┦		59-3319763			Not Applica			
Suite, Apt.	#, 9 1C.	Suite, Apt. #, etc.						5.	. c	Certificate of Status Desired			75 Additional Bequired	1	
City & Stat	le		City & State						6.	i. El	lection Campaign Financing		\$5.	00 May Be	ヿ
Zip Country										Tr	rust Fund Contribution		Add	led to Fees	
Zip 24	25 Coun	ItA	29 30					8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.							
9. Name and Address of Current									10. Name and Address of New Registered Agent						
EA	RLY, CHARLES L J		- 7 -			81	Na	me							
	2 N. FLORIDA AVE.	•				82	Str	eet Addr	ess (P	Έ.Ο). Box Number is Not Accept	able)			
DE	LAND FL 32720					L									
						63									
						64	Cit	ý				FL	85	Zip Code	
office or r	to the provisions of Se registered agent, or bo am familiar with, and ac	th, in the State of	Florida.	Such change was	authoriz	ed by	v the	ned corp corporat	oration ion's b	on s boa	submits this statement for the ard of directors, I hereby acc	purpose of	changir ointmen	ng its registere I as registered	ed d
SIGNATURE															_
	Signature typed or printed na				III. Registe		ent sign	ature requir			instating) DITIONS/CHANGES TO OFF	DATE	DIDEC	TODO 111.40	
12.	TOP .	OFFICERS AND I	AINL CTO	DELETE	13	TITLE				AD	DITIONS/CHANGES TO OFF		Char		tion
NAME	RUZICKA, JOHN	M			I	NAME						'			
STREET ADDRESS	P.O. BOX 342				1.3	STREET	(ADDRI	SS							
CITY-ST-ZIP	DELEON SPRING	3S FL 32120			1.4	CITY-S	ST - ZIP								
TITLE	DVP			DELETE	2.1	TITLE							Char	ige 🔲 Addit	tion
NAME	HUIE, HENRY K					2.2 NAME									1
STREET ADDRESS	14397 PHILO ST				2.3 STREET ADDRESS										
CITY-ST-ZIP	MORENO VALLE	Y UA 92003		DELETE	_	CHTY-S	ST - ZIP	_					Char	ige	tion
TITLE NAME				[] pereir	J	TITLE Name		- 1					Cilai	ige 🗀 Audit	TION
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NAME	<u> </u>				4. 2	NAME		ł							- {
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CITY-ST-ZIP				· · · · · · · · · · · · · · · · · · ·	5.4	CITY-S	T-ZIP		·						
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Indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.